PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

A survey for healthier babies in New Jersey

Breastfeeding in New Jersey

Breastfeeding rates in New Jersey need improvement to meet the Healthy People 2010 goal of 50% of newborns breastfeeding for six months. Prior to the launch of PRAMS in 2002, the only source of information about breastfeeding for all New Jersey mothers and infants was the feeding status reported at discharge on the electronic birth certificate (EBC). New Jersey PRAMS extends our surveillance of breastfeeding for several months after birth, and also asks about barriers and support experienced by mothers.

The overall rate of breastfeeding *initiation*—mothers that reported ever breastfeeding their infants—varies considerably for distinct subpopulations. U.S. born whites and blacks had the lowest rates, especially pronounced after accounting for the strong effect of college education (Figure 1). Work outside the home during pregnancy was not a significant factor in initiating breastfeeding (data not shown).

Women who did not breastfeed at all were asked why; the leading answers were personal preference (65%), other children to take care of (23%), and work or school (19%). Only 14% reported that their health or medications prevented breastfeeding.

Breastfeeding *persistence* is measured by the proportion of initiating mothers that continued breastfeeding exclusively at least until the eighth week after delivery (the time point where PRAMS interviews begin). Compared to the overall rate of 31%, persistence was well above average for college educated U.S. born whites and blacks, and for all foreign-born white mothers. Hispanics were well below average regardless of birthplace or education (Figure 2). In contrast, foreign born subpopulations generally did better than natives in persistence of *any* breastfeeding. Work outside the home reduced the persistence of *any* breastfeeding by 16%, and exclusive breastfeeding by 30% (data not shown).

Overall, 75% initiation followed by 31% persistence resulted in 23% of all mothers exclusively breastfeeding at eight weeks (54% were still breastfeeding at some level).

NJ-PRAMS is a joint project of the New Jersey Department of Health and Senior Services and the Centers for Disease Control and Prevention (CDC). Information from PRAMS is used to help plan better health programs for New Jersey mothers and infants—such as improving access to high quality prenatal care, reducing smoking, and encouraging breastfeeding. ▫ One out of every 38 mothers are sampled each month, when newborns are 2-6 months old. Survey questions address their feelings and experiences before, during and after their pregnancy. ▫ From 2002 to 2004, 5,412 mothers were interviewed with a 72% response rate. Data for 2004 is preliminary. (For more information about operations, see Summary of Survey Methodology for New Jersey PRAMS.*)*

Figure 1. Ever Breastfed (initiators)

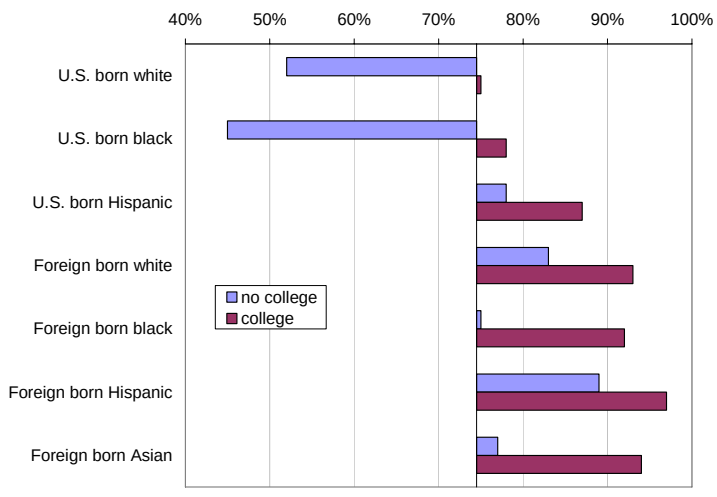
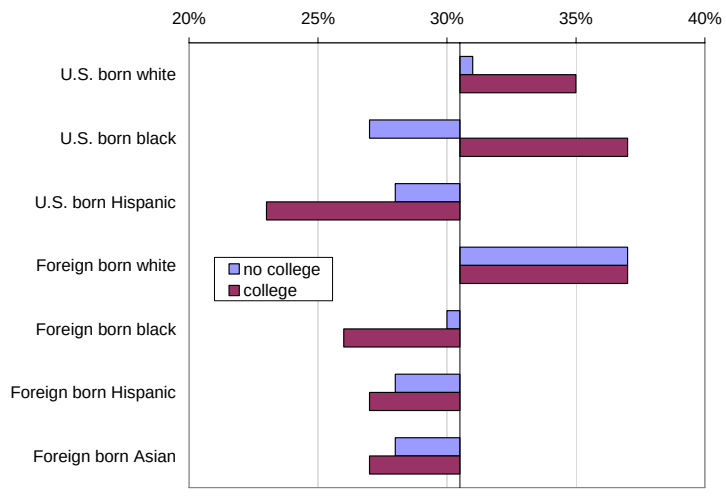
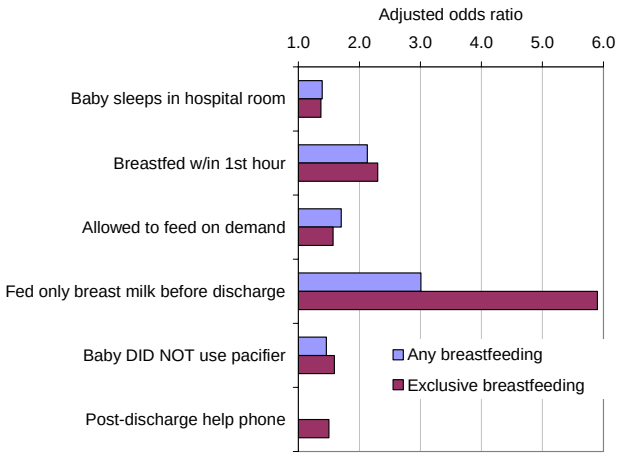


Figure 2. Persistence of Exclusive Breastfeeding among Initiators



Beginning in 2004, the PRAMS questionnaire included eight questions on practices in the hospital that support or undermine breastfeeding. Figure 3 reports the estimated effects of six of these practices, after controlling for maternal age, education, parity, immigrant status, race and Hispanic origin. The largest effect was for avoiding supplemental feeding: when a mother reported breastfeeding exclusively until discharge, the odds of any breastfeeding at eight weeks increased by a factor of 3.0, and the odds of exclusive breastfeeding at eight weeks were 5.9 times greater. The opportunity for the infant to breastfeed within the first hour of life more than doubled the odds of any and exclusive breastfeeding at eight weeks.

Figure 3. Hospital factors affecting maintenance of breastfeeding (8 weeks) among mothers who ever breastfed
(Adjusted for maternal race/ethnicity, foreign birth, age, education, parity)



Agenda for Action

Breastfeeding should be considered the norm for infant feeding. Human milk is unique in helping infants to achieve optimal growth and development. It reduces the likelihood of diabetes, obesity, some childhood cancers, and other illnesses and conditions such as otitis media, diarrhea, lower respiratory infections, allergic disease, and SIDS.

Most mothers are capable of producing all the milk their infants need. AAP recommends that breastfeeding continue exclusively for about 6 months, and continue with the addition of complementary foods for at least a year post-partum. Human milk is preferred for all infants, including premature and sick newborns, with the exception of infants with galactosemia and those born to HIV positive mothers.

Every health care professional has a role in supporting breastfeeding, whether in the hospital, clinic, office, or community. An interdisciplinary action plan integrates prenatal, maternity care and postpartum objectives.

- Maternal intent to breastfeed is a prerequisite. Be aware of cultural, religious, workplace and community environments for breastfeeding particular to your patients and incorporate them in your promotion strategies.
- Create an environment in the hospital and office where breastfeeding is portrayed as the norm. Be proactive about patient education. Take advantage of posters and literature produced by many professional organizations. Discuss breastfeeding at every prenatal visit using open-ended questions.
- Make appropriate use of lactation consultants. At the same time, train all staff for effective assessment and teaching of breastfeeding technique.
- Ensure that hospital policies and practices support and encourage exclusive breastfeeding. Put infant to breast within one hour of delivery; allow the infant to share the mother's room; and avoid supplementary feeding and pacifiers in the critical first days.
- Mothers should be taught to feed on demand, at least 8 to 12 times per day (this can be tallied, and is not the same as every 2 to 3 hours). At least two feedings should be assessed and documented in both the mother's and infant's medical records.
- Explore with each mother her support system after discharge. Enlist other family members and friends to provide help and minimize competing demands. Peer counselors in the community can be useful to provide ongoing support and encouragement.
- Work with local employers and schools to develop breastfeeding friendly workplaces. Teach mothers how to maintain breastfeeding away from home by expressing and storing milk.

Resources

AAP initiatives: http://www.aap.org/breastfeeding/

AAFP policy: http://www.aafp.org/online/en/home/policy/policies/b/breastfeedingpositionpaper.html

ILCA clinical guidelines.
http://ilca.org/education/2005clinicalguidelines.php

WHO/UNICEF Baby-Friendly Hospital Initiative.
http://www.cdc.gov/breastfeeding/compend-babyfriendlywho.htm

La Leche League international website.
http://www.lalecheleague.org/

National Women's Health Information Center.
http://www.4women.gov/breastfeeding

CDC Breastfeeding Resources webpage.
http://www.cdc.gov/breastfeeding/

New Jersey Division of Family Health Services:
http://www.state.nj.us/health/fhs/newborn/feed.shtml

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